DOCUMENT RESUME

ED 283 077 CG 019 966

AUTHOR Leister, Sandra C.
TITLE Treatment and Therapy for the Sexually Abused Child.
PUB DATE Apr 87
NOTE 23p.; Paper presented at the Annual Meeting of the American Educational Research Association (Washington, DC, April 20-24, 1987).
PUB TYPE Information Analyses (070) -- Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse; Children; *Content Analysis; *Counseling Techniques; Crisis Intervention; *Emotional Adjustment; Emotional Response; Family Counseling; *Sexual Abuse; Social Support Groups; Therapy; *Victims of Crime

ABSTRACT

Little information is available on therapeutic interventions or counseling techniques used with sexually abused children. Many experts consider parental and family support to be the single most important factor in preventing abuse from becoming a life destroying event. The goals of therapy are to make the child and family feel better about themselves, improve social skills, develop communication, maintain daily functioning, and reduce stress. Molestation must be talked about openly until the child victim has worked through it. Experts disagree on the appropriateness of group therapy for working with these children. The effects of the molestation on the child may depend on sexual assault variables, demographic variables, life stresses, victim's coping skills, and the support structure of the victim's social networks. To determine what professionals (N=16) found to be effective in their work with child sexual abuse victims, semi-structured interviews were conducted with counselors, social workers, psychologists, and a pediatrician. A content analysis of responses indicated that subjects found noncognitive techniques, play therapy, and reassurance to be among the most effective therapy techniques. In contrast to recommendations from the literature, respondents did not report a focus on working with the family. Content analysis is recommended as one way to investigate the sensitive issue of child sexual abuse, and also a way to expand on available information. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Treatment and Therapy for the Sexually Abused Child

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Sandra C. Leister
University of Illinois at Urbana-Champaign
AERA 1987 Convention
Washington, D.C.

ED283077
CS 019966

Sexually abused children need not be victims their entire lives. A child can grow up normally if it is understood that she cannot deal alone with the masses of questions, confusions, shame, guilt, and behavior changes that can follow the offense. With the help of the significant people in her life and the guidance of trained helpers, the offense can be put in its proper perspective: the child was the victim of another person's problems. This is not a reflection on the child or the family (N. Peterson, personal communication, Novermber, 1984).

Very little information or professional research is available on therapeutic intervention or counseling techniques used with sexually abused children. The purpose of this chapter is threefold:

1. To make a summary review of professional literature to determine standard recommended treatment for the family and the victim of sexual abuse
2. To make a summary description via content

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Sandra C. Leister
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

analysis of techniques used by some local professionals and

3. To compare and discuss the content of these two sources of information.

A survey of local professionals focused on four questions about the therapeutic process when working with sexual molestation cases:

1. How were the family and children initially approached by the therapist?
2. What specific therapeutic techniques have been found effective?
3. Were there specific factors about the child or the abusive situation that determined how effective the therapy was?
4. How is it determined whether the child benefited from therapy?

Overview of Suggestions for Therapy

Family Support: Experts such as Kaufman, Touhey, and Rodgers agree that the single most important factor in preventing the abuse from becoming a life destroying event is the reaction of the parents and important others in the child's life; being believed and emotionally supported are critical. In working with the

child's family, the following is a summary of suggestions they offer:

1. Don't blame the child; children are very egocentric and feel that all that happens is a result of them.
2. Realize that the responsibility lies with the offender; victim blame or parent blame is always misdirected. When parents feel guilty this increases the burden felt by the child.
3. Don't panic; the child needs the significant people in her life to be strong and protective.
4. Make use of the reporting and support systems available; doctor, clergy, school social worker, Department of Children and Family Services, rape crisis centers, local mental health agencies, and private practitioners.
5. Accept the child's feelings and share and express your own feelings of sadness, anger, concern and frustration.
6. Don't prejudice the child's reactions by assuming how she should react or feel.
7. Reassure the child that she was correct to tell you; you are going to correct the situation; she isn't responsible; she is loved and your relationship with her is the same.

Most cases of nonviolent sexual assault by strangers can be handled effectively with short-term crisis intervention techniques helping the victim and her family put the incident in perspective (N. Peterson, personal communication, November, 1984). However, at minimum, treatment should be offered to help the child and her family understand why the sexual assault occurred and how to prevent future occurences.

The goal of therapy is to make the child and family feel better about themselves, improve social skills, develop communication and maintain daily functioning and to lessen the stressful effects on all those involved.

The molestation must be talked about openly for as long as it takes the child victim to work through it. Obviously, it would be more comfortable to try to forget it or put it behind but this is at best a well-intentioned mistake. "If it can't be talked about openly, the child reasons it must be something really bad" (Sanford, 1982 p. 145). The child should be encouraged to talk about the experience without pressure and allowed to proceed at her own pace.

There is considerable disagreement concerning the appropriatness of group therapy. Slager-Jorne (1978) does not see sexually abused children as good candidates for group therapy because of the sensitive nature of the

problem. However, Sgroi (1982) feels that especially with adolescents, group treatment is part of a natural process. The need for peer identity is very important and receiving acceptance and approval from age mates is very therapeutic. Also, group therapy is the most effective treatment in helping victims identify and express negative feelings about themselves because of the intense support from the group which enhances self-esteem.

Ladd (personal communication, 1984) suggests that group work can be extremely comforting when working with grade school children and really seems to help them open up and cope with the reality of the situation. However, she advised that group therapy is appropriate only after any legal proceedings have concluded because of questions that can arise regarding the validity of the victim's testimony.

Borgman (1984) has found group therapy to be very effective for incest victims in making them aware that they are not alone and to see the amazing similarities of most incestuous families. He feels that the victims have a great power to reach out to each other and break the isolation of their own situation and to realize together that they are not the only victim.

Borgman saw that the major emphasis in the

intervention should be on helping the girls develop more positive self-images through normal, constructive interests and activities. With incest victims, he found that crippling guilt was relieved more effectively by encouraging the children to engage in various altruistic activities or concern-showing acts with family members rather than by discussing the irrational bases for guilt.

The Effect of Molestation on the Child

In writing on the variables that make a molesting experience more or less traumatic, usually attention is focussed on the variables related to the assault: nature of the assault, relationship of victim to the offender, force or violence, and injury. Most authors support the concept that if the sexual behavior between adult and child has occurred over a long period of time, if it has involved a series of progressively intimate incidents or if the child is old enough to understand the meaning and cultural taboo, then the effect will be more profound because of the resulting feelings of guilt (Groth, 1979; DeFrancis, 1969; Rape Crisis Center, 1984).

Similarly, Bassuk (1980) proposed that sexual assault is similar to other kinds of severe life crises and can be viewed in terms of three primary factors: 1) the personal history of

the victim affecting her emotional vulnerability, 2) the nature of the assault, and 3) the coping attempts of the victim. Bassuk has integrated these into a model depicting a general crisis perspective:

1. Sexual Assault Variables: number of assailants, relationship to the assailant, location of the assault, physical force used, weapons used, resistance of the victim, injury to the victim,
2. Demographic variables: relation to the victim, sex, ethnicity, religion, employment status, age, socio-economic status,
3. Presence of life stresses: prior mental health problems, life changes or victimization,
4. Nature of the victims's coping skills: family, friends, helping professionals, activities, self-reliance,
5. Support structure of the victim's social networks: her living situation, friends, church.

The relationship between these variables may be direct or indirect. Research needs to address whether this conceptualization of the major dimensions and variables is valid. Systematic collection of such data would facilitate our understanding of sexual assault,

how to organize treatment programs and how to reduce the incidence of sexual aggression and violence (Ruch and Hennessy, 1982).

More than any other emotion, guilt burdens the victim; children, from a very young age know there's something taboo about what's happened to them in terms of sexual abuse or incest. According to Le Clerc, children will take on blame and guilt as if they must be the one who is wrong, because adults are all-knowing; adults know good from bad and children don't.

When children blame themselves for sexual abuse, the therapist must stress that adults are responsible for protecting children; "they chose between right and wrong and chose to harm children for self-gratification (Sgroi, 1982, p. 129).

Sgroi sees ten impact and treatment issues for victims of child sexual abuse (p. 109). The first five are likely to affect all children who have been sexually abused, regardless of who the perpetrator is; the last five are more likly to affect incest victims: 1) damaged goods syndrome, 2) guilt, 3) fear, 4) depression, 5) low self-esteem, 6) poor social skills, 7) repressed anger and hostility, 8) blurred role boundaries and role confusion, 9) pseudo maturity and failure to accomplish developmental tasks, 10) self-mastery and control.

In Sgroi's psychodynamic therapy the major thrust of treatment involves addressing these issues in order to strengthen the child's ego and help improve self-image, to learn to trust others and to begin to feel secure. She also feels a treatment plan for child-sexual abuse victims should include a treatment approach for the whole family. Too often the family is likely to resist therapeutic intervention because they wish to ignore the situation, they are traumatized, or they feel responsible or guilty.

Sgroi has found that art therapy is a useful approach for younger children who have not reached a cognitive or verbal level which allows them to resolve problems more easily. This therapy uses media and techniques derived from the arts (drama, role playing, drawing, painting, model building, dolls) in order to help the victims understand themselves, release tensions and anxieties, learn specific coping and communication skills and facilitate the resolution of conflicts. The underlying rationale for using arts therapy and play with traumatized or disturbed children lies in the innate quality of play as a "rehearsal for living".

Gibbens and Prince (1961) stress that it is unfortunate that a child must work though feelings of anger, fear, shock, guilt and confusion and, in the

midst of this vulnerability, the legal system decends on the child and her family in a way perhaps that is just as devastating as the molestation itself. Children may be upset by multiple interviews with various professionals, court appearances and foster placements as much as they are by the sexual acts which have occurred.

In order to supplement what little information there is in the professional literature dealing with therapy for the sexual abuse victim, a small scale study using content analysis was done using local experienced professionals to determine what they had found effective in their work with child sexual abuse victims.

Content Analysis Methodology Used is this Study

Content analysis is a qualitative and inductive research strategy in that the researcher attempts to make generalizations without imposing specific expectations on the research. It is a creative process used to uncover general patterns, themes, and categories in order to make careful considered judgments about what is really significant and meaningful in the data. When data are organized in this way, it is possible to describe, elaborate and generalize about the information

and work around each general theme or across cases. Content analysis can be used to discover differences in content, format, delivery, technique or stylistic features. The procedure is based on the assumption that the frequency of a type of response is a measure of its importance (Cannell & Kahn cited in Lindzey and Aronson, 1968).

The qualitative method of content analysis is used because such outcomes as personal growth, increased awareness, insight, and adjustment are difficult to operationalize and standardize. The basic technique used in this study is the research interview. This can be defined as a two-person conversation initiated by the interviewer for the specific purpose of obtaining research-relevant information (Cannell & Kahn cited in Lindzey and Aronson, 1968).

Much of the strength of content analysis is its use to test preliminary ideas, hypotheses or theories prior to a more complete investigation. This study was done in part as a pilot to determine the value of the procedures used, as well as to confirm and expand on the professional literature dealing with child sexual abuse.

Methodology

The data of this project were collected from a series of semi-structured interviews conducted with sixteen professionals: five master level couselors, five social workers, three counseling psychologists, two clinical psychologists and one pediatrician. An additional psychologist and social worker were contacted but one had no experience in the area and one preferred not to participate. Eight of the interviews were done by telephone and ten in person; these varied in length from 15 to 60 minutes. The interview opened with an explanation of the research intent of the project and discussed the limitations of the current literature on the topic. All respondents were told that the results would be shared with them upon completion of the project.

The interview began loosely with a general discussion of the topic but became more focused when four specific research questions were asked. These four questions became the data categories and responses were subcategorized in Table 1 with the frequency of response at the far right.

Table 1

Frequency of Response to Interview Questions

1. Can you describe the way you initially approached these children and their families?

a.	The same way any problem is approached: develop trust and rapport	13
b.	Get at their thoughts and feelings	8
c.	Offer other support services and information	7
d.	Work with the child and family separately	6
e.	Provide assurance that the problem is over	5
f.	Offer other support services and information	4

2. Are there specific techniques you have used that you feel are particularly effective with these children?

a.	Non cognitive techniques and play therapy ie. imagery anatomically correct dolls, story books about abuse, unstructured play	10
b.	Group therapy or support groups	4
c.	Acceptance and reassurance that the child is believed and not the only such victim	5
d.	Be directive in getting at the child's feelings and establishing communication	4
f.	Help them learn how to be assertive and gain self-esteem	4
d.	Help the child feel good about her body	4

Table 1 (con't)

Frequency of Response to Interview Questions

3. Are there specific factors about the child or the abusive situation that determined the effectiveness of the therapy?

a.	The child's previous adjustment and social skills ie. self-esteem, assertion, coping strategies	7
b.	The child's ability to express and work through feelings	7
c.	Whether the child was used in a court procedure	4
d.	Family support and stability	5
e.	The use of violence, fear or cruelty	5
f.	Freedom from self-blame & distrust	3
g.	The degree of sexual intimacy	4
h	The relationship between the victim and the perpetrator	4
i.	Children are easier to help than adolescents	2
j.	Determination to overcome the problem	1
k.	Therapy is most effective when the child stopped the abuse	1
l.	Girls are easier to help than boys	1

Table 1 (con't)

Frequency of Response to Interview Questions

4. How do you determine whether the child has benefited from the counseling?

a.	Improved emotionalism; more cognitive and expressive	12
b.	Better adjustment in school and home: diminished withdrawal & acting out	7
c.	Improved self-esteem and assertiveness	2
d.	The abuse decreases in importance for the child	1
e.	Diminished guilt or anger	1
f.	The child becomes bored with therapy or no longer feels that it is necessary	1

Discussion

The one area that is particularly well covered in the professional literature of sexual abuse treatment is the primary importance given to working with both the child and the family of the abuse victim: not blaming the child, placing the responsibility on the offender, making use of support systems, accepting and sharing feelings and reassuring the child. Family stability and support are deemed to be critical factors in whether the child overcomes the trauma of being sexually victimized (Sgroi, 1982; Sanford, 1980; Borgman, 1984; Groth, 1979; De Francis, 1979).

Although the content analysis of this project's interviews reveals some support for this variable, in terms of support and (2.c) Acceptance and reassurance; subcategory (3.d) "Family Support and Stability" and all the subcategories of #1 are not nearly as focused on helping the family become a contributing factor in overcoming the trauma as the literature might suggest.

The strong support indicated by (1.b) "Get at their thoughts and feelings" confirms the previously cited research by both Sanford (1980) and Sgroi (1982) which stressed the importance of getting the subject out in the open so the child, with help, can cope with the situation and the feelings it generates.

Borgman's study of incest victims recommended the use of group therapy and focused on building up the child's self-esteem: (2.b) "Group therapy or support groups", (2.e) "Helping them learn how to be assertive and gain self-esteem, and also the caution concerning the detrimental effects of the judicial proceedings are supported in this research, also, (3.b) "Whether the child was used in a court procedure" parallels this.

The use of (2.a) non cognitive techniques indicates that Sgroi's (1982) recommendation for "art therapies" is thought to be quite effective by those therapists interviewed. The interviews included suggestions for various forms of play therapy which not only would facilitate telling about the abuse situation and expressing feelings but also focused on improving the child's attitude toward her body in such ways as gymnastics and playing frisbee with the therapist.

The local practitioners concurred with the outline suggested by Bassuk (1980) and the research of Groth (1979) that there were factors specific to both the abuse situation and the child that determined how traumatic the abuse would be and how effective therapy might be. Respondents agreed that (3.a) "The child's previous adjustment and social skills" and (3.b) "The child's ability to express and work through feelings" were critical factors. Also, (3.c) "Whether the child was used in a court procedure, (3.d) "Family support and stability",

(3.e) "The use of violence, fear or cruelty", (3.g) "The degree of sexual intimacy and (3.h) "The relationship between the victim and the perpetrator were important variables in the degree of trauma to the child and the likelihood of treatment success.

Conclusion

The results of this pilot study confirm that much of what the current literature pertaining to child sexual abuse has found to be effective is taking place in actual therapeutic practice. The major exception is that, at least from the content analysis of the interviews, there is not as much focus on working with the family and strengthening the family support system as would be recommended. Practicing professionals interviewed indicated that non cognitive techniques and play therapy and reassurance are among the most effective techniques. In addition, not surprisingly, they overwhelmingly agreed that establishing raport is the initial setep in their therapy.

One recommendation for a possible follow up study is to offer the respondents all subcategories from this pilot and the subcategories from a content analysis of literature to prioritize. Many of the respondents in this study surely omitted things not out of lack of agreement but unintentionally because of the difficulty of answering the rather complex and searching questions.

Future research is indicated in the form of victim's assault variables, demographic information, life situation, coping skills and support structure. This information would facilitate understanding of the impact of the sexually abusive experience, hov best to organize treatment programs and possibly

how to reduce the occurance of the sexual mistreatment of children. In addition, further comparative studies need to investigate the effectiveness of group therapies versus individual treatment programs.

This study was designed as a pilot project to determine the value and applicability of the content analysis procedure in gathering information and also to expand on available information. The scarcity of information on the subject to date attests to the research difficulties inherent in the topic. In many respects, content analysis or a similar less-than-traditonal research design may be the only way to investigate such intimate and sensitive topics as child sexual abuse.

REFERENCES

Bassuk, E. (1980). A crisis theory perspective on rape. in S. L. McCombie (ed.), The rape crisis intervention handbook: A guide for victim care. New York: Plenum Press.

Borgman, R. (1984). Problems of sexually abused girls and their treatment. Social Casework. 65(3), 182-186.

Cannell, C. & Kahn, R. (1968). Interviewing. In Lindzey, G. & Aronson, E. (eds.), The handbook of social psychology, (2nd ed.). Reading, Mass: Addison Wesley. 526-596.

De Francis, V. (1969). Protecting the child victim of sex crimes. Denver: American Humane Association.

Finkelhor, D. (1979). Sexually victimized children. New York: Free Press.

Gibbens, T. & Prince, J. (1963). Child victims of sex offenses. Institute for the Study of Deliquency, London.

Groth, A.N. (1979). Men who rape. New York: Plenum Press.

Groth, A.N. (1980). Patterns of sexual assault against children and adolescents. In Burgess, A. (Ed.),

Sexual victimization of adolescents. Lexington, MS: Lexington Books.

Federal Probation. 32(3), 41-45.

Rape Crisis Center, Champaign, Il. (1984). Unpublished data.

Ruch, L. & Hennessy, M. (1982). Sexual assault: Victim and and attact dementions. Victimology. 7,(1-4), 94-105.

Sanford, L. (1980) The silent children. New York: Doubleday.

Sgroi, S. (1982). Handbook of clinical intervention in child sexual abuse. Lexington, MA.: Lexington.

Slager-Jorne, P. (1978). Counseling sexually abused children. Personnel and Guidance Journal, 57, 103-105.